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Attorneys for Petitioners California association for Health Services at Home, Pioneer Home Health Care, Inc., and Californians for Dibability Rights, Inc.

## SUPERIOR COURT OF THE STATE OF CALIFORNIA

## FOR THE COUNTY OF SACRAMENTO

California Association for Health
Services at Home, a Nonprofit
Corporation, Pioneer Home Health
Care, Inc., a Nonprofit
Corforation, and Californians For Disability Rights, Inc., a Nonprofit
Corforation,
Petitioners,

Case No. 04CS00543

[Honganod] Peremptory Writ of Mandate

DEPARTMENT: 11

Judge: Hon, Gail D. Ohanesian

Action Filed: April 27, 2004

BY FAX

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES, SANDRA SHEWRY, DIRECTOR OF THE DEPARTMENT OF HEALTH CARE SERVICES, STATE OF CALIFORNIA, AND DOES 1-10,

RESPONDENTS.

....

TO THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES AND SANDRA SHEWRY, DIRECTOR OF THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES:

WHEREAS on  $\frac{\sum_{i \in V} V_i}{V_i}$ , 2008, judgment having been entered in this action, ordering that a peremptory writ of mandate be issued from this Court,

YOU ARE HEREBY COMMANDED to perform annual reviews of the Medi-Cal reimbursement rates paid to the providers of home health care services for the years 2001

[PROPOSED] WRIT OF MANDATE CASE NO. 04CS00543

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PHANCER MOAI

Deputy Clerk

through 2005. Such reviews shall be conducted in accordance with Attachment 4.19-B, Page 20a of the State Medicaid Plan, as such was in effect prior to its amendment effective December 31, 2005. YOU ARE FURTHER COMMANDED to make and file a return to this writ within 60 days of its issuance. Attest my hand and the seal of this Court this day of \_\_\_\_\_, 2008. б ક 

[PROFOSED] PEREMPTORY WRIT OF MANDATE CASE NO. 04CS00543

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## PROOF OF SERVICE

I am employed in the County of Los Angeles, State of California. I am over the age of 18 and not a party to this action; my current business address is 555 South Flower Street, Suite 3500, Los Angeles, CA 90071-2411.

On April 2, 2008, I served the foregoing document(s) described as: [PROPOSED] PEREMPTORY WRIT OF MANDATE on the interested parties in this action as follows:

EY THE FOLLOWING MEANS:
I placed a true copy thereof enclosed in scaled envelope(s) addressed as follows:

Ismael A. Castro
Deputy Attorney General
Office of the Attorney General
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550

X BY MAIL
I placed the envelope(s) with postage thereon fully prepaid in the United
States mail, at Los Angeles, California.

I am readily familiar with the finn's practice of collection and processing correspondence for mailing with the United States Postal Service; the firm deposits the collected correspondence with the United States Postal Service that same day, in the ordinary course of business, with postage thereon fully prepaid, at Los Angeles, California. I placed the envelope(s) for collection and mailing on the above date following ordinary business practices.

X Executed on April 2, 2008, at Los Angeles, California.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

I declare that I am employed in the office of a member of the bar of this court at whose direction the service was made.

Rose Bernal

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[PROPOSED] JUDGMENT GRANTING PEREMPTORY WRIT OF MANDATE

1	Medicaid Plan, as such was in effect prior to its amendment effective December 31,
2	2005.
3	You are further commanded to make and file a return to this writ within 60
4	days of its issuance.
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6	Dated: APR - 8 2008, 2008
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JUDGMENT GRANTING PEREMPTORY WRIT OF MANDATE on the interested
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[PROPOSED] JUDGMENT GRANTING PEREMPTORY WRIT OF MANDATE CASE NO. 04CS00543